

# PROVIDER UPDATE

## SEPTEMBER 2018: MEDICATIONS TO REQUIRE MEDICAL PRIOR AUTHORIZATION, EFFECTIVE DECEMBER 3, 2018

As a part of our continuous efforts to improve the quality of care for our members, Highmark Health Options will **December 3, 2018**. Failure to obtain authorization will result in a claim denial. Failure to obtain authorization will result in a claim denial.

The prior authorization process will apply to **all Highmark Health Options Members**. Medical necessity criteria for each of the medications listed below are outlined in the specific medication policies available online. To access Highmark Health Options' medical policies, please paste the following link in your internet browser: <https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>.

### PROCEDURE CODES REQUIRING AUTHORIZATION

Procedure Code	Description	Procedure Code	Description
J2182	Nucala	J1439	Injectafer
J2786	Cinqair	Q0138	Feraheme
J3590*	Fasenra*	J9226	Supprelin LA
J2507	Krystexxa	J9225	Vantas
J2278	Prialt	J2353	Sandostatin LAR depot
J3590*	Luxturna*	J1930	Somatuline depot
J9600	Photofrin	J3590*	Brineura*
J1950	Lupron	J9041	Velcade

\*These medications will be reviewed under procedure code J3590 until a permanent code is assigned

### ADDITIONAL INFORMATION

- Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
- NaviNet is the most efficient means to request authorization. A new NaviNet form with autofill functionality will be added to the Authorization Request Forms to make completing and submitting your online requests easier and faster.
- The Prior authorization look up tool will be updated to show prior authorization requirements for these medications.
- For a smooth transition to the prior authorization process, you may begin to submit authorization requests beginning **November 26, 2018** for dates of service on **December 3, 2018** and beyond.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Health Options only if it is medically necessary, a covered service, and provided to an eligible member.
- Non covered benefits will not be paid unless special circumstances exists. Always review member benefits to determine covered & non-covered services.
- Pre-service authorization will be required for the procedure codes listed above for dates of service on or after **December 3, 2018**. The procedure codes you have previously been notified of will continue to require pre-service authorization. The complete list of procedure codes that require pre-service authorization can be found at: <https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>.

If you have questions regarding the authorization process and/or how to submit authorizations electronically, please contact your Highmark Health Options Provider Relations Representative directly or call the Provider Services Department using the phone number 1-844-325-6251.